

COUNTY DEPARTMENT OF SOCIAL SERVICES

STRAGGLER QI2 CHECK REGISTER FOR (yr.) _____

<u>RECIPIENT NAME</u>	<u>ADDRESS</u> Address Line 1 Address Line 2, City, State Zip	<u>CHECK</u> <u>AMOUNT</u>	<u>DATES OF</u> <u>QI2 ELIG.</u>	<u>SS #</u>
<u>EXAMPLE:</u> Mary Poppins	1000 Fairy Tale Lane Imagination City, NC 12345	\$28.70	3/1/00 - 12/31/00	222-22-2222

Director Signature or Designee: _____ **Date:** _____